

# Rolesville Parks & Recreation

4th Annual  
Youth Basketball Camp  
\$20 Per Participant



**Participants 5-8 years old**  
**Tuesday, November 27, 2012**  
**6 pm—8:30 pm**

@  
**Rolesville Elementary School Gym**

**Participants 9-14 years old**  
**Thursday, November 29, 2012**  
**6 pm—8:30 pm**

@  
**Rolesville Middle School Gym**

**Registration deadline is Friday, November 16th.** Registration forms can be mailed to Rolesville Parks & Recreation PO BOX 250, Rolesville, NC 27571 or turned in at the Recreation office at 514 Southtown Circle, Rolesville, NC 27571.

The camp will be led by former ECU basketball player and High School coach Bryant Wiggins along with past and present local High School players. The purpose of the camp is to emphasize fundamentals, development of ball handling, passing and shooting skills along with general knowledge of basketball. For more information please contact the Rolesville Parks & Recreation Department at 554-6582. **Space is limited to the first 25 registered participants per age group.**

Participant \_\_\_\_\_

Current Age \_\_\_\_\_ Birth date \_\_\_\_\_

Street Address, City, Zip  
\_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Does your child have any medical condition/s that the league should be made aware of?    Y    N (circle one)

If so, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Fee: \_\_\_\_\_

## WAIVER

I/we the parent(s) or legal guardian(s) of the above participant in the Rolesville Parks & Recreation program, give my/our consent to his/her participation in the above listed program. I/we hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I/we certify that we have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date